



Linda McCulloch, Superintendent
Office of Public Instruction
Accreditation Division
PO Box 202501
Helena MT 59620-2501

AUTHORIZED SIGNATURES AND CHECKLIST

2006-2007 School Year

DUE DATES:

To County Superintendent: Tuesday 10/17/2006

To Office of Public Instruction, Accreditation Division:
Tuesday 10/24/2006

County _____

District Le _____

Your work is very
important for
reporting about
and funding
Montana Schools!

School
Principal



District
Office



County
Superintendent



OPI
Staff



Board of Public Education
School Accreditation
School Improvement
State Funding
Federal Programs & Funding
OPI Web Site (Public Data)

Electronic Filers: Please check to confirm that all reports are completed, and submitted electronically to the Office of Public Instruction by the above dates. Print a copy and forward ORIGINAL to the County Superintendent.

Paper filers: Please check to confirm that all reports are completed, and file with the Office of Public Instruction by the above dates. Make a copy and forward the ORIGINAL to the County Superintendent.

- ____ Organization Setup (one per school)
- ____ Personnel Assignments
 - ____ District Level Report (one per district)
 - ____ School Level Report (one per school)
- ____ Accreditation Data Report (one per school)
- ____ PIR and School Start and End Dates (one per school)
- ____ Dropout Count (for schools containing grades 7-12) and High School Completer Count (for grades 9-12)
- ____ Limited English Proficient Student Count (one per school)
- ____ Immigrant Student Count (one per school)
- ____ Gifted Student Count (one per school)
- ____ Disaggregated Enrollment and Attendance (one per school)
- ____ Alternative Education Programs (one per school)
- ____ Indian Education Report (one per school)
- ____ Personnel Recruitment and Retention Report (one per district)
- ____ Technology Use Report (one per district)
- ____ Distance Learning Report (one per district)
- ____ Testing Coordinators (one per district)
- ____ Fall Enrollment and Attendance (paper filers only)
- ____ Reviewed Preliminary Accreditation Report after submit (electronic filers only)
- ____ Enclose a copy of your school calendar and master schedule(s) with this signature page.

Authorized Signatures

District Signature

I verify to the best of my ability that the information reported for the district's Annual Data Collection is complete and accurate. I retained a copy.

Signature _____

Printed Name _____

Date _____

Check One: _____ Superintendent _____ Board Chair, if no Superintendent or Principal
 _____ Principal, no Superintendent

County Superintendent Signature

I verify that the Annual Data Collection was submitted to me. I retained a copy and forwarded the ORIGINAL to the Office of Public Instruction.

Signature _____

Printed Name _____

Date _____

For assistance visit our web site at: <http://www.opi.mt.gov/adc/Index.html> or call (406) 444-9444.